

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005647

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 194

STATE FILE NUMBER

LED FEB 19 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Joseph

Length of stay in 1b

70 Yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Joseph State Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY

OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

3216 Messanie

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Manley

Middle

Lee

Last

Porter

4. DATE OF DEATH

Month

February 13

Day

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-15-1882

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. (V) Mill Right

10b. KIND OF BUSINESS OR INDUSTRY

Swift & Co.

11. BIRTHPLACE (City and state or country)

Council Bluffs, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Cyrus O. Porter

13b. MOTHER'S MAIDEN NAME

Amelia Wolf

14. NAME OF HUSBAND OR WIFE

Opal

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

State Hospital Records, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Advanced arteriosclerosis; Diabetes

Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-1-62 to 2-13-62 and last saw him alive on 2-13-62

Death occurred at 11:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mohammad Tahir M.D.

22b. ADDRESS

State Hospital, St. Joseph, Mo.

22c. DATE SIGNED

2-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.O. Sedyuker & Son

St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

Feb. 16, 1962

26. REGISTRAR'S SIGNATURE

Miss. Clark Cogdell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Robert H. Gyle

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.